

**APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT  
BUSINESS IN FLORIDA**

*IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO  
REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.*

1. CommuniGroup of Jackson, Inc.  
(Name of corporation; must include the word "INCORPORATED", "COMPANY", "CORPORATION" or words or abbreviations of like import in language as will clearly indicate that it is a corporation instead of a natural person or partnership if not so contained in the name at present.)

2. Mississippi 3. 64-0694679  
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. April 30, 1984 5. Perpetual  
(Date of incorporation) (Duration: Year corp. will cease to exist or "perpetual")

6. January 1, 2001  
(Date first transacted business in Florida. If corporation has not transacted business in Florida, insert "upon qualification.")  
(SEE SECTIONS 607.1501, 607.1502 and 817.155, F.S.)

7. 700 South West Street, Jackson, MS 39201  
(Principal office address)  
Post Office Box 940, Jackson, MS 39205  
(Current mailing address)

8. Long Distance Service (Telecommunications)  
(Purpose(s) of corporation authorized in home state or country to be carried out in state of Florida)

9. Name and street address of Florida registered agent: (P.O. Box or Mail Drop Box **NOT** acceptable)

Name: CT Corporation System

Office Address: 1200 South Pine Island Road

Plantation, Florida 33324  
(City) (Zip code)

10. Registered agent's acceptance:

*Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.*

\_\_\_\_\_  
(Registered agent's signature)

11. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is incorporated.

## TRANSMITTAL LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: CommuniGroup of Jackson, Inc.  
(Name of corporation - must include suffix)

Dear Sir or Madam:

The enclosed "Application by Foreign Corporation for Authorization to Transact Business in Florida", "Certificate of Existence", and check are submitted to register the above referenced foreign corporation to transact business in Florida.

Please return all correspondence concerning this matter to the following:

Scott Bunkley

(Name of Person)

Telephone Electronics Corporation

(Firm/Company)

236 East Capitol Street

(Address)

Jackson, MS 39201

(City/State and Zip code)

For further information concerning this matter, please call:

Scott Bunkley

(Name of Person)

at ( 601 ) 354-9070

(Area Code & Daytime Telephone Number)

**STREET ADDRESS:**

Registration Section  
Division of Corporations  
409 E. Gaines St.  
Tallahassee, FL 32399

**MAILING ADDRESS:**

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

Enclosed is a check for the following amount:

- |   |  |   |  |
|---|--|---|--|
| <input type="checkbox"/> \$70.00 Filing Fee | <input type="checkbox"/> \$78.75 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$78.75 Filing Fee &<br>Certified Copy | <input checked="" type="checkbox"/> \$87.50 Filing Fee,<br>Certificate of Status &<br>Certified Copy |
|---|--|---|--|

12. Names and business addresses of officers and/or directors:

A. DIRECTORS

Chairman: \_\_\_\_\_

Address: See Attached \_\_\_\_\_

Vice Chairman: \_\_\_\_\_

Address: \_\_\_\_\_

Director: \_\_\_\_\_

Address: \_\_\_\_\_

Director: \_\_\_\_\_

Address: \_\_\_\_\_

B. OFFICERS

President: \_\_\_\_\_

Address: \_\_\_\_\_

Vice President: \_\_\_\_\_

Address: \_\_\_\_\_

Secretary: \_\_\_\_\_

Address: \_\_\_\_\_

Treasurer: \_\_\_\_\_

Address: \_\_\_\_\_

NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.

13. Robert J. Healea  
(Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)

14. Robert J. Healea; Vice President  
(Typed or printed name and capacity of person signing application)

CommuniGroup of Jackson, Inc.  
Application by Foreign Corporation for Authorization  
To Transact Business in Florida

12. Names and business addresses of officers and/or directors:

A. DIRECTORS

Name	Title	Address
Brandi S. Fail	Director	236 East Capitol Street Jackson, MS 39201
Joseph D. Fail	Director	236 East Capitol Street Jackson, MS 39201
Nancy W. Fail	Director	236 East Capitol Street Jackson, MS 39201
Walter J. Frank, Jr.	Director	236 East Capitol Street Jackson, MS 39201

B. OFFICERS

Name	Title	Address
Christopher B. Chelette	President	700 South West Street Jackson, MS 39201
James N.C. Moffatt III	Executive Vice President	700 South West Street Jackson, MS 39201
Robert J. Healea	Vice President	236 East Capitol Street Jackson, MS 39201
Walter J. Frank, Jr.	Vice President	236 East Capitol Street Jackson, MS 39201
Lera O. Roark	Vice President	1309 Louisville Avenue Monroe, LA 71201
Joseph D. Fail	Secretary/Treasurer	236 East Capitol Street Jackson, MS 39201

# State of Mississippi

Secretary of State's Office

Eric Clark

Secretary of State  
Jackson, Mississippi

## CERTIFICATE OF EXISTENCE/AUTHORITY

I, ERIC CLARK, Secretary of State of the State of Mississippi, and as such, the legal custodian of the corporate records, required by the laws of Mississippi, to be filed in my office, do hereby certify:

That on April 30, 1984 the state of Mississippi issued a Charter/Certificate of Authority to:

COMMUNIGROUP OF JACKSON, INC.

That the state of incorporation is MISSISSIPPI.

THAT THE PERIOD OF DURATION IS 99 YEARS.

That according to the records of this office, Articles of Dissolution or a Certificate of Withdrawal have not been filed.

That according to the records of this office, a current Annual Report has been delivered to the Office of the Secretary of State.

I further certify that all fees, taxes and penalties owed to this state, as reflected in the records of the Secretary of State, have been paid and that the corporation is in existence or has authority to transact business in Mississippi.



Given under my hand  
and seal of office  
January 25, 2001

*Eric Clark*

ERIC CLARK,  
Secretary of State

COMMUNIGROUP OF JACKSON, INC.

043932

DIR REF. NUMBER	YOUR INVOICE NUMBER	INVOICE DATE	INVOICE AMOUNT	AMOUNT PAID	DISCOUNT TAKEN	NET CHECK AMOUNT
007306	Registration	1/25/01	87.50	87.50	0.00	87.50

**CommuniGroup**  
Communications made easy,  
Accounts Payable Clearing  
P.O. Box 940  
Jackson, MS 39205

**OMNIBANK**  
Bay Springs, Heidelberg, Jackson, Martes  
85-185/653

043932

CHECK DATE	CONTROL NUMBER	AMOUNT
01/25/2001	043932	\$ *****87.50

AY Eighty-Seven and 50/100----- Dollars

VOID AFTER 180 DAYS

TO THE  
ORDER  
OF Secretary of State - FL

*James H. C. McPherson*  
AUTHORIZED SIGNATURE

**REDACTED**



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State

March 13, 2001

COMMUNIGROUP  
236 EAST CAPITOL STREET  
JACKSON, MS 39201

Subject: **COMMUNIGROUP**

REGISTRATION NUMBER: **G01071900022**

This will acknowledge the filing of the above fictitious name registration which was registered on March 13, 2001. This registration gives no rights to ownership of the name.

Each fictitious name registration must be renewed every five years between January 1 and December 31 of the expiration year to maintain registration. Three months prior to the expiration date a statement of renewal will be mailed.

**IT IS THE RESPONSIBILITY OF THE BUSINESS TO NOTIFY THIS OFFICE IN WRITING IF THEIR MAILING ADDRESS CHANGES.** Whenever corresponding please provide assigned Registration Number.

Enclosed is your certificate(s) as requested.

Should you have any questions regarding this matter you may contact our office at (850) 488-9000.

/pm  
Division of Corporations

Letter No. 401A00015120

# State of Florida



Department of State

I certify from the records of this office that COMMUNIGROUP is a Fictitious Name registered with the Department of State on March 13, 2001.

The Registration Number of this Fictitious Name is G01071900022.

I further certify that said Fictitious Name Registration is active.

I further certify that this office began filing Fictitious Name Registrations on January 1, 1991, pursuant to Section 865.09, Florida Statutes.

Given under my hand and the  
Great Seal of the State of Florida  
at Tallahassee, the Capital, this the  
Thirteenth day of March, 2001



CR2EO22 (1-99)

*Katherine Harris*  
Katherine Harris  
Secretary of State



# State of Florida



## Department of State

I certify that the attached is a true and correct copy of the Application For Registration of Fictitious Name of COMMUNIGROUP, registered with the Department of State on March 13, 2001, as shown by the records of this office.

The Registration Number of this Fictitious Name is G01071900022.

Given under my hand and the  
Great Seal of the State of Florida  
at Tallahassee, the Capital, this the  
Thirteenth day of March, 2001



CR2E022 (1-99)

*Katherine Harris*

Katherine Harris  
Secretary of State

# APPLICATION FOR REGISTRATION OF FICTITIOUS NAME

Note: Acknowledgements/certificates will be sent to the address in Section 1 only.

01833 11000  
GALL 11000

**Section 1**

1. CommuniGroup  
Fictitious Name to be Registered

2. 236 East Capitol Street  
Mailing Address of Business  
Jackson, MS 39201  
City State Zip Code

3. Florida/County of principal place of business: multiple

4. FEI Number: 64-0694679

GU1071900022  
-03/12/01--01015--025  
\*\*\*90.00

This space for office use only

**Section 2**

A. Owner(s) of Fictitious Name if Individual(s): (Use an attachment if necessary):

1. Last First M.I.  
Address  
City State Zip Code  
SS# (optional)

2. Last First M.I.  
Address  
City State Zip Code  
SS# (optional)

B. Owner(s) of Fictitious Name if other than individual(s): (Use attachment if necessary):

1. CommuniGroup of Jackson, Inc.  
Entity Name  
700 South West Street  
Address  
Jackson, MS 39201  
City State Zip Code  
Florida Registration Number F01000000609  
FEI Number: 64-0694679  
☐ Applied for ☐ Not Applicable

2. Entity Name  
Address  
City State Zip Code  
Florida Registration Number  
FEI Number:  
☐ Applied for ☐ Not Applicable

**Section 3**

I (we) the undersigned, being the sole (all the) party(ies) owning interest in the above fictitious name, certify that the information indicated on this form is true and accurate. In accordance with Section 885.09, F.S., I (we) further certify that the fictitious name shown in Section 1 of this form has been advertised at least once in a newspaper as defined in chapter 50, Florida Statutes, in the county where the applicant's principal place of business is located. I (we) understand that the signature(s) below shall have the same legal effect as if made under oath. (At Least One Signature Required)

Robert Hooper 2/15/01  
Signature of Owner Date  
Phone Number: 601-354-9070

Signature of Owner Date  
Phone Number:

**Section 4**

FOR CANCELLATION COMPLETE SECTION 4 ONLY:  
FOR FICTITIOUS NAME OR OWNERSHIP CHANGE COMPLETE SECTIONS 1 THROUGH 4:

I (we) the undersigned, hereby cancel the fictitious name \_\_\_\_\_  
which was registered on \_\_\_\_\_ and was assigned registration number \_\_\_\_\_

Signature of Owner Date  
Signature of Owner Date

Mark the applicable boxes ☒ Certificate of Status - \$10 ☒ Certified Copy - \$30  
Filing Fee: \$50

CR4E-001

RM  
2/12/01

# APPLICATION FOR REGISTRATION OF FICTITIOUS NAME

Note: Acknowledgements/certificates will be sent to the address in Section 1 only.

**Section 1**

1. CommuniGroup  
Fictitious Name to be Registered

2. 236 East Capitol Street  
Mailing Address of Business  
Jackson, MS 39201  
City State Zip Code

3. Florida County of principal place of business: multiple

4. FEI Number: 64-0694679

This space for office use only

**Section 2**

A. Owner(s) of Fictitious Name if individual(s): (Use an attachment if necessary):

1. Last First M.I. Address City State Zip Code SS# (optional)

2. Last First M.I. Address City State Zip Code SS# (optional)

B. Owner(s) of Fictitious Name if other than individual(s): (Use attachment if necessary):

1. CommuniGroup of Jackson, Inc.  
Entity Name  
700 South West Street  
Address  
Jackson, MS 39201  
City State Zip Code  
Florida Registration Number F01000000609  
FEI Number: 64-0694679  
☐ Applied for ☐ Not Applicable

2. Entity Name Address City State Zip Code Florida Registration Number FEI Number: ☐ Applied for ☐ Not Applicable

**Section 3**

I (we) the undersigned, being the sole (all the) party(ies) owning interest in the above fictitious name, certify that the information indicated on this form is true and accurate. In accordance with Section 885.09, F.S., I (we) further certify that the fictitious name shown in Section 1 of this form has been advertised at least once in a newspaper as defined in chapter 50, Florida Statutes, in the county where the applicant's principal place of business is located. I (we) understand that the signature(s) below shall have the same legal effect as if made under oath. (At Least One Signature Required)

Robert Hoalea 2/15/01  
Signature of Owner Date  
Phone Number: 601-354-9070

**Section 4**

FOR CANCELLATION COMPLETE SECTION 4 ONLY:  
FOR FICTITIOUS NAME OR OWNERSHIP CHANGE COMPLETE SECTIONS 1 THROUGH 4:

I (we) the undersigned, hereby cancel the fictitious name \_\_\_\_\_ which was registered on \_\_\_\_\_ and was assigned registration number \_\_\_\_\_

Signature of Owner Date Signature of Owner Date

Mark the applicable boxes ☒ Certificate of Status - \$10 ☒ Certified Copy - \$30

Filing Fee: \$50

CR4E-001



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State

February 28, 2001

COMMUNIGROUP  
236 EAST CAPITOL STREET  
JACKSON, MS 39201

Subject: **COMMUNIGROUP**  
RE: 101A00012467

We have received your document for the above Fictitious Name ; however, the document **has not been filed** and is being returned for the following:

The name of the Florida county of the principal place of business must be listed in section 1.

After the corrections have been made, return the application to: Fictitious Name Registration, P.O. Box 1300, Tallahassee, Florida 32302-1300 within 30 days from the date of this letter.

Should you have any questions regarding this matter you may contact our office at (850) 488-9000.

/vs  
Division of Corporations      Letter No. 101A00012467

COMMUNIGROUP OF JACKSON, INC.

044203

OUR REF. NUMBER	YOUR INVOICE NUMBER	INVOICE DATE	INVOICE AMOUNT	AMOUNT PAID	DISCOUNT TAKEN	NET CHECK AMOUNT
007702	App. for name	2/14/01	90.00	90.00	0.00	90.00

**CommuniGroup**  
Accounts Payable Clearing  
P.O. Box 940  
Jackson, MS 39205

**OMNIBANK**  
Bay Springs, Heidelberg, Jackson, Memphis  
85-185/853

044203

CHECK DATE	CONTROL NUMBER	AMOUNT
02/19/2001	044203	\$ *****90.00

PAY Ninety and 00/100----- Dollars  
VOID AFTER 180 DAYS

Fictitious Name Registration  
TO THE ORDER Post Office Box 1300  
OF Tallahassee, FL 32302-1300

*James H. C. McFarlane*  
AUTHORIZED SIGNATURE

FILE COPY

REDACTED

# APPLICATION FOR REGISTRATION OF FICTITIOUS NAME

Note: Acknowledgements/certificates will be sent to the address in Section 1 only.

**Section 1**

1. CommuniGroup  
Fictitious Name to be Registered

2. 236 East Capitol Street  
Mailing Address of Business  
Jackson, MS 39201  
City State Zip Code

3. Florida County of principal place of business: None

4. FEI Number: 64-0694679

This space for office use only

**Section 2**

A. Owner(s) of Fictitious Name if individual(s): (Use an attachment if necessary):

1. Last First M.I.  
Address  
City State Zip Code  
SS# (optional)

2. Last First M.I.  
Address  
City State Zip Code  
SS# (optional)

B. Owner(s) of Fictitious Name if other than individual(s): (Use attachment if necessary):

1. CommuniGroup of Jackson, Inc.  
Entity Name  
700 South West Street  
Address  
Jackson, MS 39201  
City State Zip Code  
Florida Registration Number F01000000609  
FEI Number: 64-0694679  
☐ Applied for ☐ Not Applicable

2. Entity Name  
Address  
City State Zip Code  
Florida Registration Number  
FEI Number:  
☐ Applied for ☐ Not Applicable

**Section 3**

I (we) the undersigned, being the sole (all the) party(ies) owning interest in the above fictitious name, certify that the information indicated on this form is true and accurate. In accordance with Section 885.09, F.S., I (we) further certify that the fictitious name shown in Section 1 of this form has been advertised at least once in a newspaper as defined in chapter 50, Florida Statutes, in the county where the applicant's principal place of business is located. I (we) understand that the signature(s) below shall have the same legal effect as if made under oath. (At Least One Signature Required)

R. [Signature] Date 2/15/01  
Signature of Owner Date  
Phone Number: 601-554-9076

**Section 4**

FOR CANCELLATION COMPLETE SECTION 4 ONLY:  
FOR FICTITIOUS NAME OR OWNERSHIP CHANGE COMPLETE SECTIONS 1 THROUGH 4:

I (we) the undersigned, hereby cancel the fictitious name \_\_\_\_\_  
\_\_\_\_\_, which was registered on \_\_\_\_\_ and was assigned registration number \_\_\_\_\_

Signature of Owner Date Signature of Owner Date

Mark the applicable boxes ☒ Certificate of Status - \$10 ☒ Certified Copy - \$30  
Filing Fee: \$50

## Instructions for Completing Application for Registration of Fictitious Name

### Section 1:

**Line 1:** Enter the name as you wish it to be registered. A fictitious name may not contain the words "Corporation" or "Incorporated," or the abbreviations "Corp." or "Inc.," unless the person or business for which the name is registered is incorporated or has obtained a certificate of authority to transact business in this state pursuant to chapter 607 or chapter 617 Florida Statutes.

**Line 2:** Enter the mailing address of the business. This address does not have to be the principal place of business and can be directed to anyone's attention. **DO NOT USE AN ADDRESS THAT IS NOT YET OCCUPIED. ALL FUTURE MAILINGS AND ANY CERTIFICATION REQUESTED ON THIS REGISTRATION FORM WILL BE SENT TO THE ADDRESS IN SECTION 1.** An address may be changed at any future date with no charge by simply writing the Division.

**Line 3:** Enter the name of the county in Florida where the principal place of business of the fictitious name is located. If there is more than one county, list all applicable counties or state "multiple".

**Line 4:** Enter the Federal Employer Identification (FEI) number if known or if applicable.

### Section 2:

**Part A:** Complete if the owner(s) of the fictitious name are individuals. The individual's name and address must be provided. The social security number is not mandatory. Information provided on this application is a public record and, as such, will be made accessible to the public.

**Part B:** Complete if the owner(s) are not individuals. Examples are a corporation, limited partnership, joint venture, general partnership, trusts, fictitious name, etc. Provide the name of the owner, their address, their registration number as registered with the Division of Corporations, and the Federal Employer Identification (FEI) number. An FEI number must be provided or the appropriate box must be checked.

Owners listed in Part B must be registered with the Division of Corporations or provide documentation as to why they are not required to register. Examples would be Federally Chartered Corporations, or Legislatively created entities.

Additional owners may be listed on an attached page as long as all of the information requested in Part A or Part B is provided.

### Section 3:

Only one signature is required. It is preferred that a daytime phone number be provided in order to contact the applicant if there are any questions about the application.

### Section 4:

**TO CANCEL A REGISTRATION ON FILE:** Provide fictitious name, date filed, and registration number of the fictitious name to be cancelled.

**TO CHANGE OWNERSHIP OF A REGISTRATION:** Complete section 4 to cancel the original registration. Complete sections 1 through 3 to re-register the fictitious name listing the new owner(s). An owner's signature is required in both sections 3 and 4.

**TO CHANGE THE NAME OF A REGISTRATION:** Complete section 4 to cancel the original registration. Complete sections 1 through 3 to re-register the new fictitious name. An owner's signature is required in both sections 3 and 4.

An acknowledgement letter will be mailed once the fictitious name registration has been filed.

If you wish to receive a certificate of status and/or certified copy at the time of filing of this registration, check the appropriate box at the bottom of the form. **PLEASE NOTE:** Acknowledgements/certificates will be sent to the address in Section 1. If a certificate of status is requested, an additional \$10 is due. If a certified copy is requested, an additional \$30 is due.

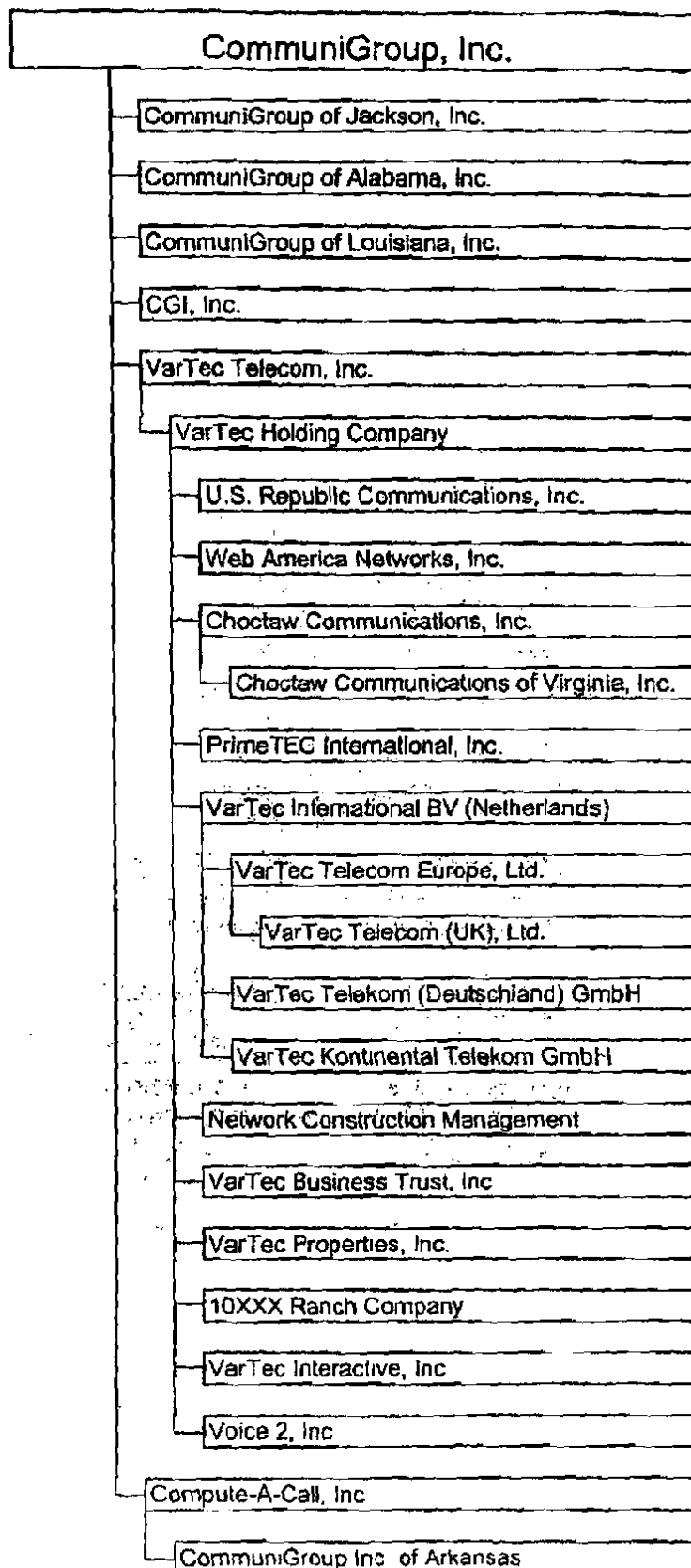
The registration and re-registration will be in effect until December 31 of the fifth year.

Send completed application with appropriate fees to:

Fictitious Name Registration  
PO Box 1300  
Tallahassee, FL 32302-1300

Internet Address:  
<http://www.sunbiz.org>

The fee for registering a fictitious name is \$50. Please make a separate check for each filing payable to the Department of State. Application must be typed or printed in ink and legible.







4008

**ANNUAL REPORT**

of

Name: VARTEC TELECOM, INC.Principal Office: 1600 VICEROY DRIVE  
DALLAS, TX 75235For the Year Ended: DECEMBER 31, 2001**Alternative Telecommunications Utility --  
Other Telecommunications Provider**

To

**Public Service Commission of Wisconsin**

Mailing Address:	P.O. Box 7854 Madison, WI 53707-7854
Courier Address:	610 N. Whitney Way Madison, WI 53705-2729
E-mail:	pscrecs@psc.state.wi.us
Telephone:	(608) 267-9504
Facsimile:	(608) 266-3957
Home Page:	<a href="http://psc.wi.gov">http://psc.wi.gov</a>

*This form is required under Wis. Stat. § 196.07. Failure to file the form by the statutory filing date can result in the imposition of a penalty under Wis. Stat. § 196.66. The penalty which can be imposed by this section of the statutes is a forfeiture of not less than \$25 nor more than \$5,000 for each violation. Each day subsequent to the filing date constitutes a separate and distinct violation. The filed form is available to the public and personally identifiable information may be used for purposes other than those related to public utility regulation.*

## RULES FOR REPORTING

1. The annual report due date is April 1 of the following year. (Example: The 2002 report is due April 1, 2003.) If that date falls on a weekend or holiday, the annual report is due the following business day.
2. **Electronic filing via e-mail is required unless additional provisional confidential treatment is desired.** Go to the Public Service Commission of Wisconsin's Web Page at <http://psc.wi.gov>, click on Telecommunications, click on Annual Report Programs and Worksheets, and click on Annual Report Program for Alternative Telecommunications Utility - Other Telecommunications Providers (OTH).
3. Alternative Telecommunications Utility-Other Telecommunications Provider (ATU-Other) entities with no revenues for the report year are required to file an OTH annual report.
4. Unless otherwise indicated, the information requested in this report should be taken from the accounts and other records of the utility. A query or response concerning information contained in this report regarding any practice or transaction should not be construed as indicating conformity to pertinent regulations.
5. Please follow all instructions and answer each question fully and accurately. Provide additional information as necessary to avoid misunderstandings or misleading responses.
6. Wherever information is requested in a "note," please show that information in the space provided, or make reference to the adjacent page or insert where the note may be found. Please also identify each note. Limited footnote capability is included in the annual report software program. Please use it where necessary to fully explain particulars in the annual report.
7. Numeric items are limited to digits (0-9). Do not type commas when entering numbers. A minus sign "-" should be entered in the software program to indicate negative values. The program will convert the minus sign to parentheses if a hard copy of the annual report is printed. Negative values may not be allowed for certain entries in the annual report due to restrictions contained in the software program.
8. Please report all dollar amounts to the nearest thousand dollars.
9. This annual report should be complete in all respects. Unless otherwise authorized, avoid references to returns of former years or to other reports.
10. Wherever schedules call for data from the previous year and such data were reported in the previous annual report, the previous year's data should be reported without modification. If modified, an appropriate footnote and explanation should be included in the current year's annual report.
11. Where part or all of the report is prepared by other than utility personnel, a disclosure is required in the "Individual or firm, if other than utility employee, preparing this report" portion of the Identification and Ownership schedule, which describes the nature and extent of work performed.
12. The OTH annual report program incorporates provisional confidentiality capability for the following item, based on the Commission's Information Regarding Confidential Filings decision dated February 24, 2003, as supplemented for the new Nonregulated Revenues category on the Operating Revenues schedule:
  - a. Operating Revenues (Particulars, Wisconsin-Based Intrastate, Wisconsin-Based Interstate, Wisconsin-Based Total, and Total Company columns) (pp. 14-15) (Miscellaneous Revenues and Nonregulated Revenues descriptions, other than Video Distance Learning and Directory appearing in the report form, contained in the Particulars column (column a) and respective dollar amounts reported for the Miscellaneous Revenues and Nonregulated Revenues categories in the columns labeled Wisconsin-

## RULES FOR REPORTING

Based Intrastate, Wisconsin-Based Interstate, Wisconsin-Based Total, and Total Company);

b. Central Office Data-End of Year (p. 19)

- i. Integrated Service Digital Network (ISDN) Lines-In Use (BRI);
- ii. ISDN Lines-In Use (PRI);
- iii. xDSL Lines-In Use;
- iv. Switched 56 lines in use;
- v. Digital Transmission Facilities: DS-1-In use;
- vi. Digital Transmission Facilities: DS-3-In use;
- vii. Video Information Service-In use (# lines); and
- viii. Fiber Transmission Facilities: No. of fiber strands working (LIT) in C.O.

If additional provisional confidential treatment is desired, please contact the Commission concerning required manual filing procedures. In this situation, do not file the annual report electronically using the program's e-mail filing capabilities.

13. It is not necessary to manually or electronically "sign" the signature page. It is not necessary to file a hardcopy annual report printout with the Commission.

14. **Edit Check, Confidential Listing, Exported Annual Report, and Export Status Files; Filing the Completed Report:**

Program edit checks, which are located under the Admin dropdown menu, should be run at the completion of data entry. Each edit problem lists pertinent schedule(s) as well as the nature of the problem (such as "does not equal"). Edit items should be reviewed and corrected; unresolved problems should be footnoted in the report, if necessary. This screen automatically saves the edit checks to an .edt file that may be viewed and edited (for purposes of adding necessary notations) using a word processing package such as WordPad.

The confidential listing, which is located under the Admin dropdown menu, should also be run at the completion of data entry. This will create a .clf file.

Select the annual report to export from the Main-Report Selection window. Click Admin, Export Data to PSC to start the export process. This will create an .mdb file, which will subsequently be encrypted to a file with an .sen extension. An export status file is also created (with a .txt extension). The export status file may also be viewed in a word processing package such as WordPad. If you encounter any export errors, please contact the Commission for assistance.

The .edt, .clf, .sen, and .txt files will be zipped to a file with a .zip extension. An e-mail message will be created, addressed to [pscrcs@psc.state.wi.us](mailto:pscrcs@psc.state.wi.us). The .zip file is automatically attached to the e-mail message. After the e-mail is created, it will automatically be sent to the Commission.

Once received and processed by the Commission, you will receive a response indicating that your annual report has been received and is being processed. You will be notified if there are any problems with the annual report filing.

15. **Name Changes:**

If a name change (e.g., the new name, the date of the change, and the affected entities with their respective four-digit Commission identification numbers) is identified in the report, documents from the State of Wisconsin Department of Financial Institutions (DFI) also must be submitted to the Commission:

## **RULES FOR REPORTING**

A domestic corporation should send a copy of the stamped page from its Articles of Amendment as filed with DFI. A foreign corporation should send a copy of their Amended Certificate of Authority as issued by DFI. *These documents can be obtained by:*

1. Calling DFI at (608) 261-7577;
2. Contacting DFI on the web at <http://wdfi.org>; or
3. By writing to DFI at P.O. Box 7846, Madison, WI 53707-7846.

**A name change is not effective in the Commission's records until a separate notification letter is sent to the Commission including documentation to confirm registration of that change with the State of Wisconsin Department of Financial Institutions.**

### **16. Changes to the Annual Report Subsequent to Filing:**

If making revisions to the report subsequent to an electronic filing with the Commission, resubmit the report via e-mail following the procedures set forth above in item number 14. New edit check, confidential listing, exported annual report, and export status files should be created as a result of the revisions.

Revisions to an annual report previously filed on a manual basis also require a new complete manual filing.

17. Municipalities authorized by the Commission as competitive local exchange carriers (CLECs) should report only the CLEC-related amounts in the OTH annual report.

**SIGNATURE PAGE**

I ROBERTA BROWN of  
(Person responsible for accounts)

VARTEC TELECOM, INC., certify that I  
(Utility Name)

am the person responsible for accounts; that I have examined the following report and, to the best of my knowledge, information and belief, it is a correct statement of the business and affairs of said utility for the period covered by the report in respect to each and every matter set forth therein.

ROBERTA BROWN  
(Person responsible for accounts)

03/28/2002  
(Date)

MANAGER, TAX DEPARTMENT  
(Title)

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**IDENTIFICATION AND OWNERSHIP**

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**Exact Utility Name:** VARTEC TELECOM, INC.  
**Utility Location:** 1600 VICEROY DRIVE  
DALLAS, TX 75235

**Utility Web Site Address:** WWW.VARTEC.NET

**Date utility authorized to provide service in Wisconsin:** 03/04/1993

**State in which utility was organized:** Texas

**Organization type (e.g., corporation, partnership):** CORPORATION

**New Utility Name:**

**Effective Date:**

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**Officer in charge of correspondence concerning this report**

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**Name:** MELISSA SMITH, ESQ.  
**Title:** VICE PRESIDENT  
**Firm/Company:** VARTEC TELECOM, INC  
**Office Address:** 1600 VICEROY DRIVE  
DALLAS, TX 75235

**Fax Number:**  
**Telephone Number:** (214) 424 - 1000  
**Email Address:**

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**Individual or firm, if other than utility employee, preparing this report**

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**Name:** NICOLE MIZELL  
**Title:** REGULATORY SPECIALIST  
**Firm/Company:** VARTEC TELECOM, INC  
**Office Address:** 1600 VICEROY DRIVE  
DALLAS, TX 75235

**Fax Number:** (214) 424 - 1510  
**Telephone Number:** (214) 424 - 1516  
**Email Address:** nymizell@vartec.net

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**Name and address of the office where the utility's books are kept**

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**Name:** VARTEC TELECOM, INC  
**Title:** VARTEC TELECOM, INC  
**Firm/Company:** VARTEC TELECOM, INC  
**Office Address:** 1600 VICEROY DRIVE  
DALLAS, TX 75235

**Fax Number:** (214) 424 - 1510  
**Telephone Number:** (214) 424 - 1000  
**Email Address:**

**IDENTIFICATION AND OWNERSHIP**

List names, addresses, and number of shares held by persons owning 5 percent or more of outstanding voting securities. If any stock is held by a nominee, give known particulars as to the beneficial owner (See Wis. Stat. § 196.795(1)(c), for definition of beneficial owner).

**Name:** A. JOE MITCHELL, JR.  
**Address:** 1600 VICEROY DRIVE  
DALLAS, TX 75235

**Number of Shares Held:** 1,000,000  
**Beneficial Owner:** NONE

**Name:** COMMUNIGROUP, INC.  
**Address:** 700 SOUTH WEST STREET  
JACKSON, MS 39205

**Number of Shares Held:** 8,000,000  
**Beneficial Owner:** NONE

List companies owned, controlled, or operated and form and extent of such ownership, control or operation.

**Company Name:** CHOCTAW COMMUNICATIONS OF VIRGINIA, INC  
**Form of Interest:** OPER & STK OWNRSHP THRU VT HLDING & CHOCTAW CO  
**Extent of Interest:** 80 PERCENT

**Company Name:** CHOCTAW COMMUNICATIONS, INC  
**Form of Interest:** OPERATIONAL & STCK OWNRSHP THRU VT HOLDING CO  
**Extent of Interest:** 80 PERCENT

**Company Name:** EUREXCEL LIMITED  
**Form of Interest:** OPERATIONAL & STCK OWNRSHP THRU VT HOLDING CO  
**Extent of Interest:** 100 PERCENT

**Company Name:** HOLDING PROTEL, S.A. DE C.V.  
**Form of Interest:** STOCK INTEREST  
**Extent of Interest:** 49 PERCENT

**Company Name:** LIGHTYEAR HOLDINGS, INC  
**Form of Interest:** 1.STCK INTEREST 2.CONVERTED PREF STOCK 3.NOTES  
**Extent of Interest:** 1. 14.98 2. 27 SHARES 3. 85,000

**Company Name:** U S REPUBLIC COMMUNICATIONS, INC  
**Form of Interest:** OPERATIONAL & STCK OWNRSHP THRU VT HOLDING CO  
**Extent of Interest:** 80 PERCENT

**Company Name:** VARTEC BUSINESS TRUST  
**Form of Interest:** OPERATIONAL & STCK OWNRSHP THRU VT HOLDING CO  
**Extent of Interest:** 100 PERCENT

**Company Name:** VARTEC CRM, INC  
**Form of Interest:** OPERATIONAL & STCK OWNRSHP THRU VT HOLDING CO  
**Extent of Interest:** 100 PERCENT



**IDENTIFICATION AND OWNERSHIP**

List companies owned, controlled, or operated and form and extent of such ownership, control or operation.

Company Name:	VARTEC DE MEXICO, S DE R.L. DE C.V.
Form of Interest:	OPERATIONAL & STCK OWNRSHP THRU VT HOLDING CO
Extent of Interest:	100 PERCENT
Company Name:	VARTEC INTERACTIVE, INC
Form of Interest:	OPERATIONAL & STCK OWNRSHP THRU VT HOLDING CO
Extent of Interest:	100 PERCENT
Company Name:	VARTEC KONTINENTAL TELEKOM GMBH
Form of Interest:	OPERATIONAL & STCK OWNRSHP THRU VT HOLDING CO
Extent of Interest:	100 PERCENT
Company Name:	VARTEC PROPERTIES, INC
Form of Interest:	OPERATIONAL & STCK OWNRSHP THRU VT HOLDING CO
Extent of Interest:	100 PERCENT
Company Name:	VARTEC S. DE R.L. DE C.V.
Form of Interest:	OPERATIONAL & STCK OWNRSHP THRU VT HOLDING CO
Extent of Interest:	100 PERCENT
Company Name:	VARTEC TELECOM (U.K.) LIMITED
Form of Interest:	OPER & STCK OWNRSHP THRU VT HOLDING & VT EUR LTD
Extent of Interest:	100 PERCENT
Company Name:	VARTEC TELECOM EUROPE LIMITED
Form of Interest:	OPERATIONAL & STCK OWNRSHP THRU VT HOLDING CO
Extent of Interest:	100 PERCENT
Company Name:	VARTEC TELECOM HOLDING COMPANY
Form of Interest:	OPERATIONAL & STOCK OWNERSHIP
Extent of Interest:	100 PERCENT
Company Name:	VARTEC TELECOM INTERNATIONAL HOLDING COMPANY
Form of Interest:	OPERATIONAL & STCK OWNRSHP THRU VT HOLDING CO
Extent of Interest:	100 PERCENT
Company Name:	VARTEC TELECOM OF VIRGINIA, INC
Form of Interest:	OPERATIONAL & STCK OWNRSHP THRU VT HOLDING CO
Extent of Interest:	100 PERCENT
Company Name:	VARTEC TELEKOM (DEUTSCHLAND) GMBH
Form of Interest:	OPERATIONAL & STCK OWNRSHP THRU VT HOLDING CO
Extent of Interest:	100 PERCENT
Company Name:	VOICE 2, INC
Form of Interest:	OPERATIONAL & STCK OWNRSHP THRU VT HOLDING CO
Extent of Interest:	100 PERCENT
Company Name:	VTU INTERNATIONAL B.V.
Form of Interest:	OPERATIONAL & STCK OWNRSHP THRU VT HOLDING CO
Extent of Interest:	100 PERCENT
Company Name:	WEB AMERICA NETWORKS, INC
Form of Interest:	OPERATIONAL & STCK OWNRSHP THRU VT HOLDING CO
Extent of Interest:	100 PERCENT